Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>09/23/2010</u>	Address:	<u>7550 E 63</u> 0 <u>S</u>	
Case #:	<u>22F-463</u> 7 <u>6</u>		<u>WOLCOTTVILLE</u>	
County:	<u>LAGRANGE</u>			
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel		
	al/Glassware/Equipment (only) ite (only)	☐ Outbuilding ☐ Vehicle	Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Me	 Investigative Information □ Ephodrine/Pseudoephedrine Tracking Log □ Retail/Merchant Tip □ Other: PROBATION CHECK 	
This report is to be faxed to the following agencies that serve the location:				
Fire Department: SOUTH MILFORD VFD		Fax: <u>260-351-3319</u> Fax: <u>260-499-4189</u>		
Health Department: <u>LAGRANGE COUNTY</u>		Fax: <u>260-4</u> Fax:		
Child Protec	ction Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>DOUG JACKSON</u> Phone 765-369-2561				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.